

Application Data Sheet**Application Information**

Application number:: Not Yet Assigned
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: No
Title:: DIAGNOSING PREDISPOSITION TO FAT
DEPOSITION AND ASSOCIATED
CONDITIONS
Attorney Docket Number:: 524592003100
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Gail
Middle Name:: Isabel Reid
Family Name:: ADAM
Name Suffix:: Adam
City of Residence:: Knivsta
Country of Residence:: Sweden
Street of mailing address:: Hogasvagen 101
City of mailing address:: Knivsta
Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 741 41

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Maria
Middle Name:: L.
Family Name:: LANGDOWN
City of Residence:: La Jolla
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 8427 Via Mallorca, Apt. 115
City of mailing address:: La Jolla
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92037

Correspondence Information

Correspondence Customer Number:: 25225

Representative Information

Representative Customer Number:: 25225

Foreign Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
To be assigned		60/392,361	06/27/2002